

Corporate Card Application Instructions

Employee Information

1. Name (required) – Fill in name as cardholder wants it to appear on card.
2. Employee ID (not required) – Employee identification number or code.
3. Social Security Number (required) – Employee SSN
4. Date of Birth (required) – Date of birth of cardholder
5. Years of Service with Company (required) – years of service of cardholder, with the State of SC. Needed for credit review.
6. Annual Salary (required) - Annual salary of cardholder. Needed for credit review.
7. Street/Home Address (required) – Physical address of cardholder. No PO Box allowed. Required by law.
8. Statement/Billing Address (required) – Address where card and billing statement will be sent.
9. Home Phone (required) – Home phone number of card applicant.
10. Work Phone (required) – Work phone number of card applicant.
11. Employee Email (not required) – Email address of card applicant.

Company Information

1. Company Number (required) – 7 digit company number of agency.
2. Liability Indicator (required) – IL (Individual Liability)
3. Corporate Account Name (required) – Agency name
4. Corporate Account Number (required) – 16 digit corporate account number assigned to agency.
5. Second Line Embossing (required) – Normally embossed with Agency Name but can be blank.
6. % Cash (not required) - % of credit limit (up to 20% of credit limit on card. Only if agency is authorized cash advances. PIN (Y/N) – Does cardholder require a PIN number for use with Cash option.
7. Internal Audit Code (not required) – SC not using this feature.

8. Single Purchase Limit (not required) – SC not using this feature.
9. Reporting Hierarchy (required) – Where card is placed in SC organizational structure for reporting purposes.
 - For Non Lump Sum agencies (6607092 0020000 COMPANY #)
 - For Lump Sum Agencies (6607092 0020001 COMPANY #)
 - For Political Sub Divisions (6607092 COMPANY #)
10. MCC Group Name(s)/Action (not required) – SC not using this feature.
11. Program Administrator Name (required) – Name of authorized agency administrator.
12. Program Administrator Email (required) – Email address of authorized agency administrator.
13. Program Administrator Signature (required) – Signature of authorized agency administrator.

Employee Acknowledgement Signature

1. Employee Applicant Signature (required) – Signature of employee requesting card and date signed.
2. Print Approving Manager Name (required) – Print name of approving manager.
3. Approving Manager Signature (required) – Signature of approving manager and date signed.

Individual Liability Corporate Card/Corporate Travel Card Application

Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): _____ Employee ID Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Years of Service with Company: _____ Annual Salary: \$ _____

Street/Home Address: _____
(No P.O. Box Please) _____

City: _____ State: _____ Zip: _____

Statement/Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - _____ Business Phone: () - _____

Employee Email: _____

Company Information

This section is to be completed by authorized Company Program Administrator.

Company # _____ Liability Indicator: _____

Corporate Account Name: _____ Corporate Account # _____ - _____ - _____

Second Line Embossing: _____

% Cash: _____ PIN (Y/N) _____ Internal Audit Code: _____ Single Purchase Limit \$ _____

Reporting Hierarchy: _____ - _____ - _____ - _____ - _____ - _____ - _____

MCC Group Name(s)/Action: _____ () _____ () _____ () _____ ()

_____ () _____ () _____ () _____ () _____ ()

Program Administrator Name: _____ Program Administrator Phone: () - _____

Program Administrator Email: _____

Program Administrator Signature: _____

Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this application is true and correct. Employee Applicant authorizes Bank of America to notify the above-referenced Company of the Bank's approval or decline of this application and if the application is approved, to share with company all account information. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

If a card is issued, the Employee Applicant understands that it is to be used for charges in connection with the above-referenced Company's business only and not for personal, family or household purposes. The Employee Applicant further understands and acknowledges that he/she is totally responsible and liable for all transactions charged to the card and that full payment is due to Bank of America upon receipt of the statement. Employee Applicant also understands that if he/she fails to pay Bank of America for all undisputed charges, his/her card will be permanently canceled. Furthermore, Bank of America reserves the right to report Employee's account payment history to the credit reporting agencies at the Bank's discretion.

Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) for the sole purpose of issuance, renewal and/or replacement of a Bank of America Corporate Card/Corporate Travel Card. If this application is approved, Employee Applicant agrees to be bound by the terms of the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: _____ Date: _____ / _____ / _____

Print Approving Manager Name: _____

Approving Manager Signature: _____ Date: _____ / _____ / _____

Unless otherwise instructed, please return this application to your Company Program Administrator. Thank You.

Bank of America  Higher Standards

Notice and Consent to the Processing of Data

You are receiving a corporate card from Bank of America, N. A. (USA) (the "Bank") as part of a corporate card program. To provide this service to you, the Bank participates in a global network of banking organizations to provide global corporate card services to _____ and its affiliates (the "Company"). To provide this service, banks participating in this network must gather information on your use of the card, assemble the data and transmit or disclose it, among other places, to the Company and institutions necessary to provide the service.

You understand that in order to obtain the corporate card, you or the Company may provide information about you to one or more of the banks in the network to allow the card to be issued to you. Such information might include name, address, employment and financial information. You also understand that in order to carry out their obligations, the Participating Banks and GCPS will have access to data regarding transactions you make using the card. Some of this data may be information you would consider sensitive or personal. In order to carry out the various aspects of the program, some of this data will likely be transmitted outside your home country, including to certain jurisdictions that may not be deemed by some countries to provide adequate protection in their legal systems for personal data. However, the Bank will take appropriate measures to ensure that your information receives at least the same level of protection as it would in your home country.

The banks participating in the program for the Company will obtain, process, store, and disseminate your personal data, which may include sensitive data, relating to your use of the card. These activities will only take place in connection with processing that is necessary and related to you or your business use of the card, as required to implement the program with the Company or as required by applicable law. We will undertake processing to which you have consented or requested, processing that is necessary for the performance of a contract or transaction to which you are party or in order to take steps at your request, processing in order to protect your vital interests, and processing necessary for the performance of vital tasks carried out in the public interest.

We shall take appropriate steps to insure that, where required by law:

- (i) all your data are processed and subsequently used or further communicated only for the specific purposes outlined or permitted above;
- (ii) all your data are accurate and where necessary, kept up to date;
- (iii) the data we process are adequate, relevant and not excessive in relation to the purposes for which the data are transferred;
- (iv) technical and organizational security measures have been taken that are appropriate to the risks presented by the processing of the data, such as unauthorized access;
- (v) all data processors operating under the direction of the banks will be subject to these restrictions;
- (vi) you have the right of access to all data relating to you that are processed, and as appropriate, the right of rectification, erasure or blocking of data the processing of which does not comply with the provisions of applicable data protection laws;
- (vii) you may object to the processing of data relating to you;
- (viii) we will take every reasonable step to ensure that data which are inaccurate or incomplete are erased or rectified;
- (ix) in the event of a dispute over your data, you have the right to secure recourse as applicable under the governing law of your jurisdiction. This may include, depending upon your law, third party mediation, referral to the courts, referral to a data protection authority or to an arbitration body; if you have any issue pertaining to your data, including a request for access, erasure or blocking, or which to notify us of any dispute or concern regarding the data, please contact _____ at _____, who is the designated data protection officer for the Company or the Privacy Program Office at the Bank at 1.800.207.2322.

I have read the provisions of this notice pertaining to Data Protection and the uses of my personal data. I understand my rights under this notice and applicable law. I agree that my personal data, including sensitive personal data, may be transferred throughout the world as necessary for the purpose of carrying out the particular services to be provided by the Bank to the Customer under the terms and conditions set forth in this Notice.

Signature: _____

Print Name: _____

Company Name: _____

Date: _____ / _____ / _____

Individual Liability Corporate Card/Corporate Travel Card Application

Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): JOHN H SMITH Employee ID Number: USC1234
Social Security Number: 321 - 55 - 1234 Date of Birth: 11 / 21 / 1969
Years of Service with Company: 10 Annual Salary: \$ 50000
Street/Home Address: 123 MAIN STREET
(No P.O. Box Please)
City: COLUMBIA State: SC Zip: 29210
Statement/Billing Address: SAME AS ABOVE
City: _____ State: _____ Zip: _____
Home Phone: (803) 555 - 1234 Business Phone: (803) 555 - 6789
Employee Email: john.doe@scgov.sc.us

Company Information

This section is to be completed by authorized Company Program Administrator.

Company # 6607092 Liability Indicator: IB/IL

Corporate Account Name: UNIVERSITY OF SOUTH CAROLINA Corporate Account # - - -

Second Line Embossing: UNIVERSITY OF SOUTH CAROLINA

% Cash: 0 PIN (Y/N) _____ Internal Audit Code: N/A Single Purchase Limit \$ N/A

Reporting Hierarchy: 6607092 - 0020000 - 6607120 - _____ - _____ - _____

MCC Group Name(s)/Action: _____ () _____ () _____ () _____ ()
_____ () _____ () _____ () _____ () _____ ()

Program Administrator Name: JANE DOE Program Administrator Phone: 803 555 6547

Program Administrator Email: jane.doe@scgov.sc.us

Program Administrator Signature: _____

Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this application is true and correct. Employee Applicant authorizes Bank of America to notify the above-referenced Company of the Bank's approval or decline of this application and if the application is approved, to share with company all account information. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

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Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) for the sole purpose of issuance, renewal and/or replacement of a Bank of America Corporate Card/Corporate Travel Card. If this application is approved, Employee Applicant agrees to be bound by the terms of the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: _____ Date: 12 / 06 / 06

Print Approving Manager Name: MARTHA A BROWN

Approving Manager Signature: _____ Date: 12 / 06 / 06

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Bank of America  Higher Standards

Notice and Consent to the Processing of Data

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You understand that in order to obtain the corporate card, you or the Company may provide information about you to one or more of the banks in the network to allow the card to be issued to you. Such information might include name, address, employment and financial information. You also understand that in order to carry out their obligations, the Participating Banks and GCPS will have access to data regarding transactions you make using the card. Some of this data may be information you would consider sensitive or personal. In order to carry out the various aspects of the program, some of this data will likely be transmitted outside your home country, including to certain jurisdictions that may not be deemed by some countries to provide adequate protection in their legal systems for personal data. However, the Bank will take appropriate measures to ensure that your information receives at least the same level of protection as it would in your home country.

The banks participating in the program for the Company will obtain, process, store, and disseminate your personal data, which may include sensitive data, relating to your use of the card. These activities will only take place in connection with processing that is necessary and related to you or your business use of the card, as required to implement the program with the Company or as required by applicable law. We will undertake processing to which you have consented or requested, processing that is necessary for the performance of a contract or transaction to which you are party or in order to take steps at your request, processing in order to protect your vital interests, and processing necessary for the performance of vital tasks carried out in the public interest.

We shall take appropriate steps to insure that, where required by law:

- (i) all your data are processed and subsequently used or further communicated only for the specific purposes outlined or permitted above;
- (ii) all your data are accurate and where necessary, kept up to date;
- (iii) the data we process are adequate, relevant and not excessive in relation to the purposes for which the data are transferred;
- (iv) technical and organizational security measures have been taken that are appropriate to the risks presented by the processing of the data, such as unauthorized access;
- (v) all data processors operating under the direction of the banks will be subject to these restrictions;
- (vi) you have the right of access to all data relating to you that are processed, and as appropriate, the right of rectification, erasure or blocking of data the processing of which does not comply with the provisions of applicable data protection laws;
- (vii) you may object to the processing of data relating to you;
- (viii) we will take every reasonable step to ensure that data which are inaccurate or incomplete are erased or rectified;
- (ix) in the event of a dispute over your data, you have the right to secure recourse as applicable under the governing law of your jurisdiction. This may include, depending upon your law, third party mediation, referral to the courts, referral to a data protection authority or to an arbitration body; if you have any issue pertaining to your data, including a request for access, erasure or blocking, or which to notify us of any dispute or concern regarding the data, please contact PROGRAM ADMIN at _____, who is the designated data protection officer for the Company or the Privacy Program Office at the Bank at 1.800.207.2322.

I have read the provisions of this notice pertaining to Data Protection and the uses of my personal data. I understand my rights under this notice and applicable law. I agree that my personal data, including sensitive personal data, may be transferred throughout the world as necessary for the purpose of carrying out the particular services to be provided by the Bank to the Customer under the terms and conditions set forth in this Notice.

Signature: _____

Print Name: JOHN H SMITH

Company Name: USC

Date: 12 / 06 / 06

Bank of America Contacts

Account Specialist:

Erika Street-Lawrence

P: (757)533-7466

F: (757)749-3603

Erika.Streett-Lawrence@bankofamerica.com

Contact Erika for normal maintenance issues and general account questions at the agency or state level.

Account Manager:

Henry Siler

P: (704)388-0096

Henry.Siler@bankofamerica.com

Contact Henry for assistance with program decisions and growth of the overall South Carolina programs.

Customer Service:

P: (888)449-2273

(800)300-3084

Cardholders can contact customer service for general inquiries or by Program Administrators if your Account Specialist is not available. This number is also located on the back of the BOA credit card.

Credit Operations:

F: (704)719-5413

Credit Operations processes card application forms sent in by Agency Travel Coordinators.